PRIMARY CARE PHYSICIANS

DATA ELEMENTS

Last Name
First Name
Professional License #
Medi-Cal ID #
Group Name
Specialty 1
Specialty 2
Specialty 3
Hospital Admitting Privileges 1
Hospital Admitting Privileges 2
Hospital Admitting Privileges 3
Street #
Street Name
Street Type
Mail Code
City
Zip Code
Office Hours*
Non-Physician Medical Practitioners
Total Active Patients
Current # of Medi-Cal Patients
Total # of Medi-Cal Enrollees Physician will accept from Proposer
Traditional & Safety Net
Languages spoken in Office

NOTE: Data submission must be in a comma delimited ASCII format or Microsoft Excel or Access (1997 or 2000 version).

* Enter Office Hours field in military format (e.g., office hours 8:00 – 4:00, enter 0800 1600) and days the office is open.